

LOWELL POLICE DEPARTMENT

APPLICATION FOR BENEFITS

M.G.L. CH. 41, §100 and §111F

Date of Application: _____

I, _____, Social Security number _____ a member of the City of Lowell Police Department and residing at _____, do hereby make an application to be indemnified for the following expenses incurred by me on _____ while acting in the performance and within the scope of my duties as a member of the Police Department. I have been examined by the City Physician in compliance with the request of the City Law Department. I am submitting with this application the attached bills which I incurred as the result of my injury.

Furthermore, I understand the City of Lowell shall be reimbursed for any expenses made on my behalf in the event of a Third Party settlement.

AMOUNT

HOSPITAL: _____

PHYSICIAN: _____

PHARMACY: _____

OTHER: _____

TOTAL: _____

I, declare that the above statements are true under the pains and penalties of perjury.

Signature _____

Date _____